

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,500.00 for dates of service 02/06/01 and 04/27/01?
b. The request was received on 02/01/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 02/01/02
 - b. HCFA(s)
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 04/20/02
 - b. HCFA(s)
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/29/02. The response from the insurance carrier was received in the Division on 05/01/02. Based on 133.307 (i) the insurance carrier's response is timely.

III. PARTIES' POSITIONS

1. Requestor:
 - a. Note from initial request. "...Our charges were filed using CPT code 00630, per TWCC Manuel[sic] this code is, Anesthesia for procedures to Lumbar region; not otherwise specified. On 3-30-01 and 6-22-01, we were denied for our services stating code 'T-TREATMENT GUIDELINES.'

2. Respondent:

- a. “The time listed for service date 02/06/01 was thirty minutes. Upon review of the anesthesia records, the patient was interviewed and chart was reviewed by anesthesiologist at 9:57. Anesthesia start time varies on the report; both 9:40 and 10:00 are recorded. The surgery time varies as well: 9:57 or 10:00 to 10:03. The report indicates that the patient was awake in the recovery room at 10:05, however, the anesthesia records show the anesthesia stop time at 10:10. The anesthesia time record is inconsistent and does not reflect billed time (thirty minutes).

“The time listed for service date 04/27/01 was thirty-five minutes. Upon review of the anesthesia records, the patient was interviewed and chart was reviewed by anesthesiologist at 9:02. Anesthesia start time varies on the report; both 8:45 and 9:00 are recorded. The surgery time varies as well: 9:02 or 9:12 to 9:14. The report indicates that the patient was awake in the recovery room at 9:15, however, the anesthesia records show the anesthesia stop time at 9:20. The anesthesia time record is inconsistent and does not reflect billed time (thirty-five minutes).

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/06/01 and 04/27/01.
- The denial listed on the submitted EOBs state: “T-TREATMENT GUIDELINES.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/06/01 04/27/01	00600 00600	\$750.00 \$750.00	\$0.00 \$0.00	T T	\$40.00/hr	MFG; AGR (I) (B) (4); (VI) (A) (1-3); Descriptor	Based on the Anesthesia Record, general anesthesia was administered by the anesthesiologist for thirty minutes on DOS 02/06/01 and thirty-five minutes for the DOS 04/27/01. The provider billed for DOS 02/06/01 and 04/27/01 in accordance with the MFG. Medical documentation for the DOS 02/06/01 indicates that at “ 09:57 Pt- ID, assessed, interviewed & chart reviewed per Dr.” The anesthesia record indicates that the patient was under anesthesia at 0940, 17 minutes into anesthesia, while being assessed and interviewed. The documentation does not reflect the actual time of anesthesia start and stop time. For the DOS 04/27/01, medical documentation indicates at “0902 Pt-ID, assessed, interviewed, & chart reviewed per Dr.” The anesthesia record indicates that the patient was under anesthesia at 845, 17 minutes into anesthesia, while being assessed and interviewed. The documentation does not reflect the actual time of anesthesia start and stop time. Therefore, since the Medical Review Division is unable to determine the actual time of anesthesia, reimbursement is not recommended
Totals		\$1,500.00	\$0.00				The Requestor is not entitled to reimbursement.

MDR Tracking Number: M4-02-1999-01

The above Findings and Decision are hereby issued this day 19th of June, 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division
MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.